DIVISION OF MEASUREMENT STANDARDS

1 (800) 356-7057

AIK ANI	UWAI	EK							
COMPLAINT FORM					COMPLAINT NUMBER		DATE RECEIVED		TIME
41-016a/w (New 12/99)									
Please complete the white areas below and return the complaint form and a copy of your receipt (if you obtained one) to: Division of Measurement Standards, 8500 Fruitridge Road, Sacramento, CA 95826									
WOLID NA	ME					1 -	<u> </u>		
YOUR NA	ME					TELEPHONE			
ADDRESS CITY					STATE	1	ZIPCODE		
CITT					STATE		ZIPCODE		
WHAT	DESCRIB	RE VOLID COMPI	AINT RV	LISING THE C	HECK BOX	ZES AND ADDING R	EMADKS BE	EL OW	
WHAT DESCRIBE YOUR COMPLAINT BY USING THE CHECK BOXES AND ADDING REMARKS BELOW Toll free number not posted									
Air not available									
Air not wo									
Air not free with fuel purchase									
Water not a		or purchase							
Water not v									
		fuel purchase							
water not i	Tee with	ruer paremase							
Would you	like to b	e informed of th	ne result of	f vour compla	int invest	igation?	☐ Yes	□No	
				- 		- <u>B</u>			
WHERE	STATION	I NAME					TELEPHON	 Е	
ADDRESS			l						
CITY		T			T	COUNTY	1		
WHEN	DATE				TIME OF	VIOLATION			
RECEIVE	ED RY	NAME			TITLE				
COMPLAINT REFERRED TO									
NAME (COU	JNTY/STA	TE WEIGHTS A	ND MEASU	URES)					
ADDRESS				/	CI	TY		TELEP	HONE NO.
HOW	E	NAL DISPOSITION	ON						
110 11	171	INAL DISTOSTITI	ON						
SIGNED						TITLE		Г	ATE
			Hours:						

Mileage: